



**Public Works Division**  
25 West Main Street  
Auburn, WA 98001  
(253) 931-3010

For Staff Use Only

Application No:  
Date Received:

## Construction Permit Application

Parcel No.: *(Required if work is associated with an adjacent parcel)*

**APPLICANT:**

**Phone No.:**

**Email:**

Address:

Representative:

**Contractor:**

**Phone No.:**

Address:

State Contractors License #:

Auburn Business License #:

**Engineer:**

**Phone No.:**

Address:

**Email:**

**Location of Work:**

**Description Of Work:**

(Circle all that apply) **PURPOSE:** NEW MAINT REPAIR WTR SWR GAS TEL ELE CTV OTH **TYPE:** UNDERGROUND / AERIAL

Length Of Excavation In R/W: \_\_\_\_\_

Est. Days In R/W: \_\_\_\_\_

**NOTE: AN ON-SITE PRE-CONSTRUCTION MEETING IS REQUIRED BEFORE STARTING WORK.**

PRINT NAME: \_\_\_\_\_ COMPANY / TITLE \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**(FOR STAFF USE ONLY)**

**CONDITIONS :**

PERMIT FEE \$ \_\_\_\_\_

Application Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

**Ready to be Issued: Yes**

**No**

**Application expires 180 days after Date Submitted**

**Owner/Agent** \_\_\_\_\_ **Date** \_\_\_\_\_